

No. 2  
-12-45  
5-17-39  
I X47070

FILED MAY 28 1947

State File No. \_\_\_\_\_

Registration District No. 276

Primary Registration District No. 5947

Registrar's No. 37

1. PLACE OF DEATH:

(a) County Phelps

(b) City or town St James mo  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Soldiers Home Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 mo  
(Specify whether years, months or days)

In this community 5 months

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Phelps

(c) City or town St James mo  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Jessie M. Prankard

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 23  
year 1947 hour 10 minute 0 M.

21. I hereby certify that I attended the deceased from Dec 1946 19 May 23 1947  
that I last saw her alive on May 23 1947  
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife John Prankard (c) Age of husband or wife if alive \_\_\_\_\_ years

Birth date of deceased Feb 23 - 1882  
(Month) (Day) (Year)

Immediate cause of death Coronary Emboli Duration 2 wks

Due to Arterio Sclerosis with Hypertension of R. leg 3 months

8. AGE: Years 65 Months 3 Days - If less than one day hr. min.

9. Birthplace Cumberland Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations nil

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_

12. Name Don't Know

13. Birthplace \_\_\_\_\_ 9  
(City, town, or county) (State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace \_\_\_\_\_ 9  
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

16. (a) Informant Soldiers Home

(b) Address St James mo

17. (a) Burial (b) Date thereof 5-27-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fort Leavenworth Kan

18. (a) Signature of funeral director Orall Dicklicker

(b) Address St James mo

19. (a) May 23 1947 (b) Lora C. Birmingham  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)

(c) Means of injury \_\_\_\_\_

23. Signature William H Brewer MD (M. D. or other)

Address St James Date signed 5/24/47

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

*me*

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Orel E. Licklider*

Licensed Embalmer No. *3546*

P. O. Address..... *St James mo*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING (Failure to comply with the above constitutes grounds for revocation of license.)**

If this body is not embalmed, fact should be so stated above.